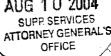
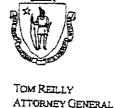


AUG 10 2004 SUPP SERVICES ATTORNEY GENERAL'S





617)727-2200



EMPLOYEE INFORMATION:

THE COMMONWEALTH OF MASSACHUSETTS OFFICE OF THE ATTORNEY GENERAL 200 Portland Street Boston, MA 02114

Non-Payment of Wage Complaint Form

Name: Kenneth F. Porter Soc. Sec. # 516-62-8999
Address: 168 Church Street
City: Waltham State: MA Zip: 02452
Date of Birth: 1/5/51 Work Phone: Home Phone: _617 - 803 - 6612
What type of work did you perform: Information Technology Support
EMPLOYER INFORMATION: (complaint will not be accepted unless this section is completed.)
Company Name: TERC
Address: 2067 Massachusetts Avenue
City: State: MA Zip: 02140
Phone: 617 - 547 -0430 Total number of employees in company: approx 130 President/Owner Name: Dennis Bartels Title: President Local Manager Name:
Town where work was performed:Cambridge
WAGE/BENEFIT INFORMATION:
Date of Hire: 3/24/97 Were you discharged? yes Date of discharge: 7/23/04
Did you leave? no Date: Reason for leaving: N/A
f you left, did you make a personal demand for this money?
f yes, what was the response of the employer:
Rate of Pay: \$ 29.88 per (hour/week): hour Unpaid Wages: Excess of \$20,000 per ye

hat dates did you work for the money which you claim you are owed:
rom 7 / 23 / 01 to 7 / 23 / 04 Total amount owed: \$ Excess of \$20,000 per year
ave you signed a contract as a consultant or independent contractor?no
o you have an attorney representing you in this matter?yes
ave you taken any other action against your employer in this matter?no_
yes, please explain:
re you wiling to fully cooperate with the Attorney General's Office, which may include appearing
XPLAIN IN DETAIL the facts relating to why you were not paid or why you are filing this omplaint. If your complaint involves vacation pay, briefly explain how you earned vacation me (e.g. one week per year, one week after one year, monthly accrual, etc.)
I regularly worked approximately in excess of ten hours per week
overtime and received no compensation for this work because I was
improperly classified as an exempt employee.
7
HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS IS A TRUE TATEMENT OF THE FACTS RELATING TO MY COMPLAINT.
gnature: Date: Aug. (1) 2004
int Name: Kenneth F. Porter
The rediries.
Please attach copies of any supporting information (e.g. pay stubs, employment ECEIVE slicy, etc). important: send only copies, save the originals for your records.